MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4)

CERTIFICATE OF DEATH

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BUREAU K. S.

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death. 24 within the death certificate be TO FUNE 9

VS A15 (4)

Year

19

Rea. Dist. No.

e. IS RESIDENCE ON A FARM? YES NO K

July IF UNDER 1 YEAR IF UNDER 24 HRS

Months 12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

Day

PERFORMED? YES NO TY

(County)

July 13 1957 that I lost saw the deceased and that death occurred at 4:15 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED

(Slote)

22d. LOCATION (City, fown, or county)

(Stole)

EUNIERAL DIRECTOR'S SIGNAL

ADDRES

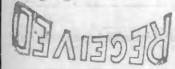
A. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATE

BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

Months

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

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WAS AUTOPSY PERFORMED? YES NO 🔀

(State)

DATE SIGNED

(State)

Days

(County)

ON A FARM? YES NO

Year

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MARYLAND STATE DUVIN WAYER OF HEALTH-BALTIMOUS, 18
CENTIFICACE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by the haspital or attending physicion. TO FUNER IRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director.	Sept.	the registrar prior to burial, cremotian, or remayal, and in any event within 72 hours after death.	

VS A15 (4) 15M 9/55

1514	ORICE III I G	AIE OF BEATT	,	Reg. Dist. No.
n. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl	ere deceased lived. If institution and b. COUNTY	n: Residence befare odmission) Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pural Westminster	e. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside carporate limits, write RU	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION Wimert's Nursing H	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF First DECEASED (Type or print) Cecil	Middle Clinton	Caples	4. DATE Month OF July	
Male White WIDOWE	_	B. DATE OF BIRTH Dec. 2, 188	2 lay birthday) yrs.	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Route Salesman	nd of Business or Indu Dairy	Carroll		12. CITIZEN OF WHAT COUNTRY U.S. A
Jacob F. Cap	م ا	14. MOTHER'S MAIDEN N		-1-1-0
		INFORMANT	nce Ann Spri	185
	9-01-9457	Mrs. Margie	C. McKim,	Baltimore, M
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c),] w 9 & +	nie Herr	+ Falus	INTERVAL BETWEEN ONSET AND DEATH
422,1 DUE TO	ferin-	Schuma	· C. V. Poss	res 1420.
Conditions, if ony, which gave rise to immediate case (c), stating the underly lying cause tast.		0 - 00 01 0 02		
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Po	ort I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour o. m. White p. m. 19 of work	Nat while to	ACE OF INJURY (Hame, form, iclary, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive on 19	fram Jm.	197,10 7	7-10 1907	that I last saw the deceased
ACTUAL SIGNATURE M. C. Partir	find	M.D. Sta	DDRESS (Street, city or town, st	nd on the date stated above
PHYSICIAN'S M. C. Porterf	Lela, M.D.	28 S. Ma	in St. Hamp	stead, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL 7-12-57	20. NAME OF CEMETERY C Carrollton		22d. LOCATION (City, town, or od Carrollt	, , , , , , , , , , , , , , , , , , , ,
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS minster, Md		2/	RAR'S SIGNATURE
1 -11-1 -11 -11 -11 -11 -11 -11	marino on a late	DATE	-12-57 Hans	our levour

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07315 CERTIFICATE OF DEATH Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Carroll Jary and Garrolla death: b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 3h c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest Jown) RURAL and give peomst town ploods Rural Union Bridge Union Bridge vears Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES TO NO 3. NAME OF 4. DATE First Middle Lost Month Dow Year (Type or print) John Edman DEATH July Cramer 1957 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Min DIVORCED | Male WIDOWED TO April 16,1874 YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired miner Coal mining U.S.A. Penna. carban ofter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Elias Cramer Catherine Bennett mave o hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 172-18-0289 No Mr. Frank W. Cramer, R#1 Union Bridge. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) ö **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES I NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hoor a. n. While factory, street, office bldg., etc.) Not while at work at work 21. I certify that I attended the deceased from 1921, that I last saw the deceased and that death occurred at///a M. fram the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL D PHYSICIAN'S NAME (Type) may b 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) REMOVAL (Specify) United Bretheran Cemetery Ruria Belsano, Penna. 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE nerwell Taneytown. Maryland erwyn C. DATE

DESTINICATE OF DEATH

MANUEVO N. E.

1957



TO SHEET WAY

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PUREAU Y. E.

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		_MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18 07304
	L	07318 CERTIFIC	ATE OF DEATH Reg. Dist. No. 3379
M	1.	PLACE OF DEATH COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Baltimore
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glyndon
0 -		Sykes ville d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
90		Grand View Home NAME OF First Middle	Lost 4. DATE Month Day Year
		ORCEASED (Type or print) Jessie Duvall	Dew Death July 13,1957 19
	5. :	Female White Widowed R Divorced	B. DATE OF BIRTH April 27,1867 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. April 27,1867 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min Min
I	10a	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewille	
	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	15	Charles S. Duvall WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17	Mollie Baldwin
ŧ		No lift yes, give view or dates of services None	Mrs.Carlton Chilcoat, Glyndon, Md.
		1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: Hypertensive Ca	rdiovascular disease with
		DUE TO	
		gove rise to immediate (b)	s and chronic myocarditis 20
		lying couse lost. (c) Senility	
7	CENTIFICATION	422./	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum_{e}^{\text{PC}} \)
		206. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of work	LACE OF INJURY (Home, farm, 20f. [City or town) [County] (State) octory, street, office bldg., etc.)
			ber , 19 54, to 13 July , 1957 , that I last saw the deceased
		. / . / /	h occurred at 16:50A, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
1		ACTUAL SIGNATURE CALL OF THE COLUMN TO SIGNATURE	M.D. Liberty Road at Eldersburg 7.13.57
		PHYSICIAN'S NAME (Type) Win. H. LAWSON, Jr., M.D.	Sykesville P.O., Maryland
	220	Burial Cremation, 72b. Date thereof 22c. Name of Cemetery Burial July 16/57 Druid Rid	
7		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
b.		J.F.Eline & Sons, Reisterstown, M.	1. DATE 7-13-57 Alara S. Cline.

2501 77 79.

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			0	73	19	C	ERTIF	ICA	TE OF DE	ATH				730	10 7.F
	1. PLACE OF DE	ATU						ĮŦ					Reg. Dist.		/ /
	a. COUNTY		rroll				MARYLA	םאנ	2. USUAL RESIDENCE OF STATE	aryland	_	b. COUNTY			·
	b CITY OR T	OWN (IF	outside corpo	rate limi	ts, write	c. LENGTH	OF STAY IN	1b	c CITY OR TOW			limits, write RU	Balto RAL and giv		-
	RURAL ond					2 205	. 7 da	TVE	Balt	imore		^ _	, , ,	-4	
mit		HOSPITA	L (If not in he	spital, g	ive street				d STREET ADDR	*				e, j	S RESIDENCE
	Spring	fiel	d Stat	e Ho	spit	al			4610	White	Aver	me			ES NO
	3 NAME OF DECEASED			Fire		_	Middle		Lost	4. DA	ATE	Month		Day	Year
	(Type or print	1			tori		eanna		leasant D	LXON DE	ATH	July		24,	19 57
1	5. SEX Female					RIED NEVE			DATE OF BIRTH	7.020	9 1				UNDER 24 HRS
			Whit		WIDOW	- Lod	DIVORCED [Sept. 25,						WHAT COUNTY
1		of worki	ng life, even i			KIND OF 8U:	SIINESS OK I	IIADOSI	Virgi	•	ign causii	71	1	U.S.	VHAT COUNTR
11	13. FATHER'S NA		<u> </u>						14. MOTHER'S MAI				1	0.00	.A.
	Chris	toph	er Ple	asar	t				Vict	oria S	outhe	erde			
	15. WAS DECEA	SED EVER				SOCIAL SECU	RITY NO	17 INI	FORMANT			Addre	ls.		
	Yes, no or untinown	Į.	yes, give wor or	GOTEL OF 14	HAICE	400		S	pringfiel	d Hospi	Ltal.	Records		No.	7
					use per li	ne for (a), (b),	ond (c)]							INTERV	AL BETWEEN
:	PAR	I I. DEAT	H WAS CAUS IMMEDIATE C	ED BY: AUSE (o	Ar	rterios	clero	tic	heart dis	ease				Ϋ́e	AND DEATH
		1.0		DUE TO											
	Condition gave rise			(b											
	couse (o),	sloting th		DUE TO											
	Z lying cous		R SIGNIFICAL	NT CON		CONTRIBUTING	G TO DEATH	H SUT N	OT RELATED TO THE	TEPMINAL DIS	SEASE CO	NOITION CIVE	U INI PART I	(a) 10 \	WAS AUTOPSY
Ì	C.B.	. 22	SOC. W	ith	seni	le bra	in dis	eas	e with ps	ychotic	c rea	ection.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Y	ERFORMED?
	# 20g ACC-D	NT WAS	UNDERLYING		20b. DES	CRIBE HOW IS	NJURY OCC	URRED	(Enter nature of inju	iry in Port I ai	r Part II c	of item 18.)			- []
		NOTIFY A	CAUSE OF	MINER)											
	20c. TIME O		Month, D	gy, Yes	r 20d. I While	NJURY OCCU		De. PLAC	E OF INJURY (Home	, form, 20f.	(City or	lawn)	(Co	inly)	(State)
	WED	p. m.		19		k 🔲 at work			,						
į				ed the	deceas	ed fram			, 1 57 , to	July 2	24.	, 19. 57 .,	that I la	st saw	the decease
	alive on	July	24.		_, 12_	5/ (), ar	d that d	eath o	accurred at 8					date	
	ACTUAL	90	1.	n	-	Ya. J	11.0		Consultan			city or town, st			DATE SIGNE
/	SIGNATURE		Edmind	Lus	thaus	M.D.	cocal	M	P SPLIN	Strera	Stat	e Hospi	Tal		1/24/2
	PHYSICIAN'	e				STOREGIC STOREGICS	xaldolbr.		Sykes	ville,	Marri	rl and			
	220 BURIAL CR	EMATION			7			RY OR	CREMATORY			(City, lown, or	Countyl		(Stote)
	Buffer (ipecify)	July	27,	1957		dowria				ltim		0	Md	

240. REC'D BY REGISTRAR

DATE

246 REGISTRAR'S SIGNATURE

ADDRESS

1217 St. Paul St.

23. FUNERAL DIRECTOR'S SIGNATURE Wm. Cook, Inc

VS A15 (4) 15M 9/5S

DECENTED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

EDEENA K. E.

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within 24 hours

BUREAU V. S.

WECEINED AND

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4)

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DECENDED

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BUREAU V. S.

1		T		MARY	AND STA	TE DEPART	MENT C	F HEAL	TH-BAL	IMORE, 1	8	M.O.A.	
	# +m-n			0732	4	CERTIFIC	ATE C	F DEAT	ſH		Reg. Dist.	7311 No.	174
the funeral director,		1.	PLACE OF DEATH COUNTY	٦٦٦		MARYLAND	ll a STA	L RESIDENCE (lived. If institution b. COUNTY	A 3 1 a cros	pefore admis	sion)
rol o			b. CITY OR TOWN	(If outside carporate limi	ts, write c. LEN	GTH OF STAY IN 16				ate limits, write R	URAL and give	nearest tow	n) ,
fune uld b			RURAL and give in Sykesvil		19	▼ h m 28	Cu	mberlar	nd	0/0	2.		,
y the 2 share	15	-	OR INSTITUTION					REET ADDRESS				ON	SIDENCE A FARM?
		3.	NAME OF THE PARTY	eld State Ho		Middle	11411	Lena St	4. DATE	Mon	th.	Day	Year
filled ges 1			OMEASIM (Type or print)	Sadie	•	Virginia	F	Evans	OF DEATH	7	• • • •	27	1997
ely filled Pages 1		5.	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED				9. AGE (In years lost birthday)	IF UNDER 1 Y	EAR IF UND	
			F	W	WIDOWED [DIVORCED [12-	£ 2 -	18	38 yrs	Months Da	ys Hours	Min.
comple popers.		100	USUAL OCCUPAT	ION (Give kind of work of the king life, even if relired	done 10b. KIND C	F BUSINESS OR INC	USTRY 11 E	IRTHPLACE (SIG	ote or foreign co	untry)	12 CITIZE	N OF WHA	COUNTRY
and c bon p	T/		none					Marylar			U.	S.A.	
		13	FATHER'S NAME				14 MO	THER'S MAIDEN	SMAN P				
physician smove cor hours off		L		x Evans					B. O'B				
		{Ye	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dotes of to	CES? 16 SOCIAL		INFORMAN			Addı	ess		
ing series	0		no		n	o H	ospita	il Recor	rds				
the attending Then please re event within 72				ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Broncho							ONSET AND	DEATH
any any	-	1	Canditions, if		1								
E . E . E			gove rise to couse (a), stating lying couse lost	the under DUE TO									
		Z	PART II. OT	THER SIGNIFICANT CON		UTING TO DEATH 8	JT NOT RELA	TED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1	19. WAS	AUTOPSY DRMED?
ng physic e has be burial-tro		1		s with Ment	al Defic	iency 🌐	42					YES	
ending ficate the the bur		CERTIFICATION	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE H	OW INJURY OCCUR	RED (Enter n	oture of injury	in Port I or Port	Il of ilem 18)			
or officertil		MEDICAL	20c TIME OF INJU Hour o.m.	10		ot while	PLACE OF IN foctory, stree	JURY (Home, fo t, office bldg ,	orm, 20f. (City etc.)	or town)	(Cou	nty)	(Stote)
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iot, Africa			olive an	7= 26=	10 5 7	, and that dea							
OR: /			Olive dit	· /	17.00	, and mar dea	in occorre	0 01 11 21		reet, city or town,			ATE SIGNE
RECT be d	1		ACTUAL SIGNATURE	dunna	Lu	elhar	M.D. ST	ringfi	eld Sta	te Hospit	tal		-27-5
Strar E	•		PHYSICIAN'S NAME (Type)	Edmund Lust			S	kesvil'	le, Md.			+ A5 - 40 @ 05 + a- 4	
y be		220	REMOVAL (Specify		OF 22c. t	NAME OF CEMETERY		i	22d LOCAT	ION (City, Iown, o	or county)	(Sto	(e) /
0 0 0 d d		23.	FUNERAL DIRECTO	R'S SIGNATURE	1 1-7	DORESS	emel		C'D BY REGIST		STRAR'S/SIGN	APURE	1.10
VS A15 (4) 15M 9/55			7-1-	Je. Yolo	L. C	en	and	MA DATE	01 1	QF7 C	Harry	Hor	5
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DECENTO

	STATE DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
C 7325	CERTIFICATE	OF	DEATH		

	Reg. Dist. No.
, PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Carroll	Maryland Frederick
b. CITY OR TOWN (If austide carporate limits, write RURAL and give nearest town)	
Woodbine	New Market / 7
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Weitzel Nursing Home	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\sum \cdot \c
NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) William E	TAICONER DEATH JULY 22 1957
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	J Feb. 25.1869 88 yrs. Months Doys Hours Min.
Qa. USUAL OCCUPATION (Give kind of work dane lob, KIND OF BUSINESS OR II during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Funeral Director	New Market, Md. USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Eldred Falconer	Frances Penn
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (Yes, no. or unknown) (If yes, give wor or doles of service)	17. INFORMANT Address
No 212-38-9160	Lucian K. Falconer New Market, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	, INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
AS U. C. DUE TO	ment &
Conditions is now which ? The said of the said	to alletin Angerica to
gave rise to immediate	Justinean Commission of the Co
lying cause last,	July 5 7
(-)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
502.1	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of item 18.)
	e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State)
Haur a. m., While Not while p. m. 19 of work at wark	foctory, street, office bldg., etc.)
21. I certify that Pattended the deceased from Physics	uh, 1957, to July 1957, that I last saw the decease
2011	eath occurred at 2 - 0 F.M. from the causes and on the date stated above
41 10 510	ADDRESS (Street, city or town, state) DASE SIGNE
SIGNATURE SUNATORY TO THE	M.D. Shesville hed 22 hel
PHYSICIAN'S House E Hall	
PHYSICIAN'S HOWard E. Hall	Sykesyllle, Md.
20 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER	RY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial July 25,1957 New	Market New Market Md.
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
Clin L. Wolesworth Damasc	UB, Ma. DATE 7-26-57 Robert T. Hurth.



10F 30 1025

BECEIVED

			MARYL	AND	STATE DEPAR	TME	NT OF HEALT	H—BAL	TIMORE,	18	0	7312
			073	26	CERTIF	ICAT	E OF DEAT	Η		Reg. D	ist. No.	78
		PLACE OF DEATH S. COUNTY Garrol	1		MARYLA		USUAL RESIDENCE (VO STATE		d lived. If institution b. COUN			odmission)
	Г	b. CITY OR TOWN (IF RURAL and give neo	outside corporate limit	s, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF	outside corpo	orate limits, write			st tawn)
	L	Rural K	eymar		15 year	rs >	🗘 Rura	l Keyma	ar			
00		d. NAME OF HOSPITA OR INSTITUTION	L (If nat in hospitol, gi	ve street d	oddress)		d. STREET ADDRESS					IS RESIDENCE ON A FARM? YES NO
1		NAME OF DECEASED	Fire	1	Middle		Lost	4. DATE	M	onth	Day	Year
*/	\vdash	(Type ar print)	Howar		Calvin		Foreman	OF DEATH	U	uly	19,	19 57
	3.				EDT NEVER MARRIED	_	DATE OF BIRTH	00	9. AGE (In year last birthday			UNDER 24 HRS. Hours Min.
	100	Male	111111111111111111111111111111111111111	WIDOWE	D DIVORCED	_ 111	arch 18,189		65 Y		ITIZEN OF	WHAT COUNTRY
- 1	П	during most of workin	g life, even if retired)		and of opposition of	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Maryland	e di roraigii i			J.S.A,	
- 1	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		1 4	J = 12 + 24 ;	·
		Joseph	h Foreman				Annie	Banker	ct			
		WAS DECEASED EVER	IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. INFC	RMANT		A	idress		
0	L	no	July gran and on a con-			Mrs	. Howard Fo	oreman,	Keymar	, Mary	rland	R.D.
	Г			se per lin	9 (4) (b), and (c).]	1	5	- 3	1-1	•	INTER	AL BETWEEN
	l	PART I, DEATI	H WAS CAUSED BY: MMEDIATE CAUSE (a)	_/	Wrone	<u></u>	mod	ou c	Lehr	,		
		260X	DUE TO		6	1 -	2 / -	200	0			
		Canditians, if any gave rise to im	mediate (que		(2011)	DUL				
		couse (a), stating the lying couse lost,	_									
	Z		R SIGNIFICANT CONE	DITIONS C	ONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TERM	AINAL DISEAS	E CONDITION O	SIVEN IN PA	RT 1(a) 19.	WAS AUTOPSY
er.	15	* ,			,							PERFORMED?
	CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (Enter nature of injury in	Part I ar Pa	rt II of item 18.)			
	18	20c. TIME OF INJURY		r 20d. IN	JURY OCCURRED 20	De. PLACE	OF INJURY (Home, for	m, 20f. (Cit	y ar town)		(County)	(State)
	MEDICAL	Haur a. js. p. m.	19	While at wark	Not while	factor	y, street, affice bidg., e	rc.)				
	ı	21. I certify the	t I attended the	decease	ed from 3 -	6	19.56. to	7-101-	191	2that I	last saw	the decease
	l	alive on	7-19	_ 125	Z, and that d	eath o	curred at 4	M, from				stated above
	L		/ /	7 /	f' fo		10	ADDRESS (S			7.0	DATE SIGNE
1		ACTUAL SIGNATURE		//	dega	M.D	. <u>Ill</u>	w	n Vru	12/	149	7-19-0
-		PHYSICIAN'S NAME (Type)	J. J	4.	LE 614	M	1	Uhr	ion B	n'son		and
	220	BURIAL, CREMATION	225. DATE THEREOI	F	22c. NAME OF CEMETE	RY OR C	REMATORY	22d. LOCA	TION (City, town	, or county)		(Slate)
		REMOVAL (Specify) Burial	7/22/57		Reformed C	emet	ery	Tane	ytown, 1	Maryla	nd	
	23.	FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS		1011	BYREGIS	24b 840	ISTRAR'S S	MATURE	
***		Merwyn C. I	Fust Nerw	THI C	Mulli anevto	wn.	Md. YDATE-	M M I	110	ey. To	eraes,	<u> </u>
			-								D	

BUREAU V. S.

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PLACE OF DEATH O. COUNTY Carroll Carroll Maryland Carroll Maryland D. County Mashington Maryland D. County Mashington Maryland D. County Mashington Maryland D. County Mashington Carroll D. County Mashington Carroll D. County Mashington Carroll D. County Mashington Carroll D. County
RURAL and give records town) Sykesville 22yrs, 4mo, 15drs Hagerstown d. NAME OF HOSPITAL (if not in hospital, give street oddress) OR INSTITUTION Springfield State Hospital 147 East Baltimore Street ON A FARM YES NAME OF DEATH OF DEATH July 1 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH WIDOWED DIVORCED October 16, 1888 WIDOWED October 16, 1888 WIDOWED DIVORCED October 16, 1888 WIDOWED Octobe
d. NAME OF HOSPITAL (If not in hospital, give street oddress) Springfield State Hospital 14.7 East Baltimore Street Springfield State Hospital 14.7 East Baltimore Street Not A FAN Non A FAN 15. NAME OF First Middle Lost A. DATE Month Day Yeor OF DEATH July 1 195 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDDOWED DIVORCED October 16, 1888 68 yrs Month Doy Hours Month Day Yeor OF DEATH July 1 195 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDDOWED DIVORCED October 16, 1888 68 yrs Month Doys Hours Month Day Yeor Of DEATH July 1 195 9. AGE (In yeors If UNDER 1 YEAR) IF UNDER 22 lost birthdoy) Months Doys Hours Mounth Doys Hours Month Days Hours Hours Hours Hours Hours Ho
OR INSTITUTION Springfield State Hospital 147 East Baltimore Street ON A FARK PES NO 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE WIDOWED DIVORCED OCTOBER O
3. NAME OF OCCASED (Type or print) John Albert FORSYTHE OF DEATH July 1 195 S. SEX 6. COLOR OR RACE WIDOWED DIVORCED OCTOBER 16, 1888 68 yrs No widowed Divorced October 18, 18, 18, 18, 18, 18, 18, 18, 18, 18,
Conditions, if any, which Coronary artery thrombosis Coronary artery
(Type or print) John Albert FORSYTHE DEATH July 1 195 5. SEX 6. COLOR OR RACE M WIDOWED DIVORCED DIVORCED October 16, 1888 9. AGE (In years let under 24 let birthday) 68 yrs 100. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Transfer work Own horse & wagon Maryland 12. CITIZEN OF WHAT COULD MARY SAMED FORCES? Address John Wilbur Forsythe 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if any, which) Our one couse per line for (o), (b), and (c).] Conditions, if any, which) GOVERNMENT OF WHAT COULD MARY SPRING COPPORATE AND DUE TO Conditions, if any, which) GOVERNMENT OF COPPORATE AND DUE TO Conditions, if any, which) GOVERNMENT OF COPPORATE AND DUE TO Conditions, if any, which) GOVERNMENT OF COPPORATE AND DUE TO Conditions, if any, which) GOVERNMENT OF COPPORATE AND DUE TO Conditions, if any, which) GOVERNMENT OF COPPORATE AND DUE TO Conditions, if any, which) GOVERNMENT OF COPPORATE AND DUE TO Conditions, if any, which) GOVERNMENT OF COPPORATE AND DUE TO Comment of the copporation of the coppor
M WIDOWED DIVORCED October 16, 1888 68 yrs Months Doys Hours Mills USA 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) / Transfer work Own horse & wagon Maryland USA
M WIDOWED DIVORCED October 16, 1888 68 yrs 100. USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) / Transfer work Own horse & wagon Maryland USA
Transfer work Own horse & wagon Maryland USA
14. MOTHER'S MAIDEN NAME John Wilbur Forsythe Rebecca Jane Shipp 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 16. SOCIAL SECURITY NO 17 INFORMANT Springfield Hospital records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: Myocardial infarction Conditions, if any, which OUE TO Conditions, if any, which Gaye (ise to immediate course) Coronary artery thrombosis days Conditions Coronary artery thrombosis Conditions Coronary artery thrombosis Coronar
John Wilbur Forsythe 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Springfield Hospital records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: Myocardial infarction Lt., Due to Conditions, if any, which against the immediate cause in immediate cause in immediate.
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Springfield Hospital records (If yes, gave were or dates of service) Unk.e Springfield Hospital records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: Myocardial infarction days 18. Cause of Death Was Caused By: Myocardial infarction days 19. Conditions, if any, which Coronary artery thrombosis days 20. Conditions, if any, which (b) Coronary artery thrombosis days
If yet, give were or dofm of services Unk. Springfield Hospital records
PART 1. DEATH WAS CAUSED BY: Myocardial infarction days L/
Myocardial infarction Hays
Conditions, if any, which to Coronary artery thrombosis days
gave rise to immediate
Bose tire to diffuedible and a
couse (a), stoting the under-
lying cause last (c) Arteriosclerotic heart disease years
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOF
General paresis. Bronchopneumonia. YES□ NO
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOF PERFORMED General paresis. Bronchopneumonia. The part of the part o
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not while of work
21. I certify that I attended the deceased from liarch 7, 1955, to July 1, 1957, that I last saw the dece
alive on July 1. 19 57, and that death accurred at 9:30 AM, from the causes and an the date stated al
ADDRESS (Streel, city or town, slote) DATE St
SIGNATURE /GUNLLI del CALLADO MD Springfield State Hospital 7/1/
PHYSICIAM'S Agustin del Campo Sykesville, Maryland
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Signe)
Burst July 3, 1951 Roll Hoven Hazersburn Mo
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page A may be tried by the haspital ar attending physician.

S FUNE: DIRECTOR: After this certificate in binen signed by the attending plysician and campletely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TO FUNE VS A15 (4) 15M 9/55

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CEDTIEICATE OF DEATH 00000

1		(134	0	CERTIFICATE OF BEATT					Reg. Dist. No.					
)	1. PLACE OF DEATH o. COUNTY Carroll			MARYLAND	2. U	2. USUAL RESIDENCE (Where deceased lived. If institution: Resider o. STATE b. COUNTY						ce before admission)		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville			ength of Stay in 16	11	CITY OR TO			e City	ite RURAL and	give ne	arest town	r) \	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Springfield State Hospital					d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO								
	3. NAME OF DECEASED (Type or print)	Fin Mile	1	Middle May		loss CRUDN		4. DATE Month		Month July	Day Year			
\	5. SEX	SEX 6. COLOR OR RACE 7. MAI		NEVER MARRIED B.		DATE OF BIRTH January 25.		9. AGE (In year lost buthday		ears IF UND	ER TYEAR		ER 24 HRS Min.	
	100 USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if relired)			OF BUSINESS OR IND		Baltimore, Ma						N OF WHAT COUNTRY?		
,	13. FATHER'S NAME				14	14 MOTHER'S MAIDEN NAME								
	Joseph E	. Green				Mary A. Scharfe								
		18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia										INTERVAL BETWEEN ONSET AND DEATH 2 days		
1	gove rise to	Conditions, if ony, which gove rise to immediate couse (a), stating the under-												
	lying couse last	tying couse last, 2 (c)												
	U (IF EITHER, NOTIF	20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
	ZOC TIME OF INJU	RY Month, Day, Yea	While	OCCURRED 20e. Nat while at work	PLACE C foctory,	F INJURY (Ho street, office b	me, farm oldg., etc.	, 20f (Cil ₎	r or lown)		(County)		(Stote)	
,		21. I certify that I attended the deceased from July 1, 1950 to July 29, 1957, that I last saw the decease alive on July 29, 1957, and that death accurred at 4:40 PM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNE												
	SIGNATURE	alther H. Se	onnenfe	lat, M.D.	_ M.D.				State Maryla	Hosp i t nd	:81	1	730/5	
	220 BURIAD CREMATION, 226, DATE THEREOF 22c, NAME OF CEMETERY OF CHEMATORY 22d LOCATION (City, topin, or county) (Stole) Service (Specify) 8-1-57 2000 C/L GWU BALTO 7- 44													
	23. FUNERAL DIRECTO	R'S SIGNATURE	1110	ADDRESS	XI	0/2	49 REC'I	D BY REGIST	TRAR 24b	REGISTRAR'S	SIGNATU	RE YI	und	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be used by the hospital or attending physician.

TO FUNE: DIRECTOR: After this certificate has been signed by the ottending physician and completely filled the property of the filled to the filled of the filled to the filled of the filled to the filled of the fi VS A15 (4) 15M 9/55

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BUREAU V. E.

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BECEINED

CERTIFICATE OF DEATH 07200

07315

DATE & 3.07 Hamit miller

Part of				Q ALICY	11 147	11E OI		•			Reg. Di	st. No.		<u> </u>
F	1. PLACE OF DEATH a. COUNTY	arroll		MAR	YLAND	2. USUAL RE o. STATE	Mary		d lived. If in b. CO			arr	m m	on)
	b. CITY OR TOWN (If our RURAL and give neares Sykesvill	t lawn)	s, write c. L	ENGTH OF STATE	Y IN 1b	e. CITY O	o TOWN (IF o	utside corpo CESV1		vrite RU	40	give neo	rest lown)
	d. NAME OF HOSPITAL (lf not in hospital, g		155)		d. STREET	ADDRESS						e IS RESI	IDENCE FARM?
Į	London Brid	ge Ra.	& Uner	rytree	• الـ	Londo	n Bri	age H	ca • co C i	ner	ryti	ee	YES.	NO 🗆
	3. NAME OF DECEASED (Type or print)	Ann		melisa	-	Griffe	ast C	4. DATE OF DEATH	J	uly		31°	*	rear 19 57
	S. \$EX 6.	COLOR OR RACE	7. MARRIED	NEVER MARR	IED 🔲	8. DATE OF BI	HT		9. AGE (In lost birth		F UNDER		IF UNDE	
I	Female	White	WIDOWED 🔀	DIVORC	£D □	March	17,	1864	93	yrs.	MOIITE	Doys	Hours	Min.
	10g. USUAL OCCUPATION (during most of working HOUSE WO	life, even if retired)		of Business of Home	OR INDU		PLACE (Stote of			1.	12. CI	TIZEN O		COUNTRY
-	13. FATHER'S NAME						'S MAIDEN N		<i>J y</i>					
		rge Was					Mary	Eliz	abeth			L		
ı		U. S. ARMED FORM I, give wor or dates of se		IAL SECURITY NO		NFORMANT	7 61		***	Addre			۹.	343
	no	₩ ₩ ₩	- + -			rthur	d. Gr	liiee	R	r Si	Kes	AIT	ie,	MG .
ļ	18. CAUSE OF DEATH	Enter only one co	use per line for	r (o), (b), and (c)).]	1		,	1			INTE	ERVAL BE	DEATH
Į	IMI	MEDIATE CAUSE (a)	Car	cmo	mo	-07-a	rend	run	- le	<u>~</u>		13	YE	<u>s.</u>
	753X	DUE TO		-		ē		J						
ı	Conditions, if any, gove rise to imm	digte (-		
ı	casse (a), stating the lying cause last.													
ı		J (c)		RIBUTING TO DI	EATH BUT	NOT RELATED	O THE TERMI	NAL DISEAS	E CONDITIO	N GIVE	N IN PAR	 {T 1(o) 1	9. WAS /	AUTOPSY
ı	PART II. OTHER:			+								(-,	PERFO	RMED?
ı	200 ACCIDENT WAS U	NDERLYING 🗆	20b. DESCRIBE	HOW INJURY (DCCURRE	D. (Enter noture	of injury in P	ort I or Por	t II of item 1	8.)			112	
ı		CAUSE OF DEATH												
	20c. TIME OF INJURY IN HOUR O. M.	Month, Day, Yea	r 20d. INJUR'	Y OCCURRED		ACE OF INJURY			or town)		(County		(State)
ı	p. m.	19		Not while of work										
ı	21. I certify that	, attended the	deceased f	ram. My	-	19.5	8, 10	ily						decease
ı	alive an ONU	<u>~3./</u>	_ 1827	,_, and tha	t de ath	accurred o	12:501	M, Fron	n the cau	ses an	d an t	he dat	te state	d abave
ı	ACTUAL O	0 -	11.	6		Och	1111	ADDRESS (SI	reet, city or	town, sy	ole)	1.	LA /	TE SIGNE
ı	SIGNATURE	utus	Cher	vico		M.D. 6 1/2	200,001	1664)7 IV	es//	nm)	JCh!	4 1	1211)
ı	PHYSICIAN'S NAME (Type)	Julius	Chepko)		85 2	W. Gr	reen	St. V	Vest	min	ste	r, l	id.
		22b. DATE THEREO	F . 22c	. NAME OF CEA	METERY O	R CREMATORY		22d. LOCAT	TION (City, 1	OWN, OF	county)		(Stole	1
	BUY 1 81	8-4-57	F	amily	Plo	t On F	arm	Syke	svil	Le I	٦. 1	. 101	ary.	land
	23. FUNERAL DIRECTOR'S SI	GNATURE		ADDRESS			24a. REC'I	BY REGIST	RAR 24b.	REGIST	RAR'S SI	GNATUR	₹E	-2

Westminster, Maryland

hed by the hospital or attending physician.

IRECTOR: After this certificate has been signed by the attending physicion and campletely filled the funeral director, do be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with a prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. after death. Rage II TO HOSPITATION ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO FUNER page 3 sho VS A1S (4) 1SM 9/SS

John R. Byers

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	tem 20 Fil	m 218 7-18 C 72 2	−57 ε Ω	CERTI	FICA	TE OF D	DEATH	1		Reg. Dist. N		310
1	PLACE OF DEATH o. COUNTY	roll	U	MARY	li li	a. STATE	DENCE (Wh		lived If institution b. COUNTY	n Residence be	fore admiss	ian)
		f outside carparate timi	ts, write	c. LENGTH OF STAY	IN 1b				ate limits, write R		earest town)
	Rural I d. NAME OF HOSPIT OR INSTITUTION	Iniontown AL (If not in haspital, g	ive street or	28 year	s	d. STREET A		Iniont	own			DENCE FARM? NO
3	NAME OF DECEASED	Fir	st	Middle		Las	1	4. DATE OF	Mon	ih (Юу	Year
	(Type or print)	Willi	-	/ F.		Hahi		DEATH	July	6		1957
١	S. SEX	6. COLOR OR RACE		D NEVER MARRIE		DATE OF BIRT	Н		9. AGE (in years last birthday)	Months Doys	Hours	Min
L	Male	White	WIDOWED		<u></u>	ngust		377	79 yrs.			
/[ˈ	Oa. USUAL OCCUPATION during most of wart	ON (Give kind at wark a king life, even if retired	dane 10b, K I	IND OF BUSINESS O	R INDUSTR	RY 11. BIRTHPL	ACE (State	or foreign co	iuntry)	12. CITIZEN		COUNTRY?
ŀ	Farmer		Ger	<u>neral Farm</u>			ryland			U.S.A		
ď	3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
1	Abraha		anna la c		1	Amano	ia Sc	owers				
4	5. WAS DECEASED EVE [Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wer or dates of s	CES? 16. Si	OCIAL SECURITY NO.	, 17, INE	ORMANT			Adde	617		
	No					. Will-	iam Ha	hn	Westmins		R.F	
Н		ATH [Enter anly one co	7 /	for (a), (b), and (c)	4	1.	1			IN	TERVAL BE	WEEN DEATH
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	V.C.	TEV RAL		Cellit	MIG	9-	bn		2	work
Æ	902.1	DUE TO	-	77-10-1	-	D 1	40.6	n 1	7 1700	10.0		
	Canditions, if a)	- ricer	eve.	3/1	RELE	DE.	u u	cee		
ı	cause (a), stating lying cause last.		-	com le	000	elof	2 7	our-	. "			
	Š	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	ITH BUT N	OT RELATED TO	THE TERMI	NAL VISEASE	CONDITION GIV	EN IN PART 1(a)	PERFO	AUTOPSY RMED? NO [
		AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	Lost	balance r. landed	and 1	(Enter nature of ell fr	finjury in F	ort I ar Port	load of	hay to	barr	1
	20c, TIME OF INJUR	Y Month, Day, Ye		JURY OCCURRED	20e. PLAC	E OF INJURY (ry, street, affice	Home, farm	20f. {City	or tawn)	(Count	1)	(State)
	9:30 mm.	7/6/57 19	While at work	Not while all work.		in barr		nr.	Unionto	wn Ca	rroll	Md.
Т	21. I certify th	of battended the	decease	d fram.	~	19.	10_/_	16		that I last		
Т	alive an	15//	1 <u>2_V</u>	, and that	death a	ccurred at	_# <u>_#</u>	LM, from	the causes o	nd on the d		
١	ACTUAL SIGNATURE	Dive	dies	- Tres	<u> 5 - m</u> .	D. 1	Frete	Lace	reet, city ar taken, Ter !!	state) Lance	and	TE SIGNED
	PHYSICIAN'S NAME (Type)	SILU	THE	RBA	RE				,	1		
2	20. BURIAL, CREMATIO REMOVAL (Specify)	N. 226. DATE THEREC	F	22c. NAME OF CEME	TERY OR	REMATORY		22d. LOCAT	ION (City, tawn, o	r county)	{State	e)
1	Burial	July 9.	1957	Keysville	Ceme	etery			ville, M			
2	3. FUNERAL DIRECTOR	-	107	ADDRESS			24a. REC'I	BY REGIST	MAR 246 THECH	TAMBIE ARTHU	URE	
L	Merwyn C.	Merwy	v C.1	Taneytown.	Md.		HATE JU					

may be record by the hospital or attending physician.

TO FUNER RECTOR: After this certificate has been signed by the attending physician and campletely filled We the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

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BUREAU V. S.

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(TILE)		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	07217
		C7331 CERTIFICATE OF DEATH Reg. Dist.	No. 8
the funeral director.		1. PLACE OF DEATH O. COUNTY ARROLD MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence to STATE VI. A 6 13 b. COUNTY 1 P. P.	
eral c be fil		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest 160m).	nearest town)
e fun		d. NAME OF HOSPITAL (If not in hospital, give street indiress) d. NAME OF HOSPITAL (If not in hospital, give street indiress)	e. IS RESIDENCE
N	100	BENEDUM ST BENEDUM ST.	ON A FARM? YES NO 19
lled is 1 and		3. NAME OF DECEASED (Type or print) BERNARD MILTON HESSON GEATH TILL Month	Day Year
ety fille Pages	,	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER TY	EAR IF UNDER 24 HRS.
completely papers. Po soth.	1	MITUE WITTE WIDOWED 2/22/1874 83 yrs.	N OF WHAT COUNTRY?
	0	MACHANIST CEMENT PLANT MARYLAND U.	5,
ion and corban ofter de	- /	13. FATHER'S NAME	
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ng pł rem 72 h	*	(Tes. no. or uplinown) (If yes, give wor or dates of service) 2/3-03-1063 MARY Z. HESSON UNION BRI	106 = 14E
tendi pleosa ithin		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
he of hen l		14500 pue to	
ad by r		Conditions, if ony, which } (b)	
ing g		gove rise to immediate Code (a), stating the under-	
sicion. seen si ronsit		lying couse lost. (c)	o) 19. WAS AUTOPSY
ng phys e hos b buriol-tr		- CATIC	PERFORMED?
ending ficote if the bur		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	
his certi		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Cour foctory, street, affice bldg., etc.)	nty) (Stole)
frer to de for t		21. I certify that I attended the deceased from A Tor , 1955, to 7 - 20 , 1957 that I last	t saw the deceased
R: A A foche		alive an 7-20-, 1957, and that death occurred at 6/5 PM, from the causes and an the	date stated above. DATE SIGNED
ed by the CTO I be det		SIGNATURE O, N Leg M.D. Lluson Bridge /1)	1-20-5
noy be registror prior	- 1	PHYSICIAN'S T. H. LEGGMP MP llury Rriver	md
moy be O FUNE poge 3 the regi		220. BURIAL, CREMATION, 276. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Town, or County) Bremovay (Specify) 7/23/57 PIPE CREEK CEM. CARROLL COUNTY)	(Stote)
VS A1S (4)	16 (A.	23/FONETAL DIRECTOR'S SIGNATURE ADDRESS. DA JA REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAL DATE AND 22 3 2 4 1 2 2 3 2 3 2 4 1 2 2 3 2 3 2 4 1 2 2 3 2 3 2 4 1 2 2 3 2 3 2 4 1 2 2 3 2 3 2 4 1 2 2 3 2 3 2 4 1 2 2 3 2 3 2 4 1 2 2 3 2 3 2 4 1 2 2 3 2 3 2 4 1 2 2 3 2 3 2 4 1 2 2 3 2 3 2 4 1 2 2 3 2 3 2 4 1 2 2 3 2 3 2 4 1 2 2 3 2 3 2 4 1 2 2 3 2 3 2 4 1 2 2 3 2 3 2 4 1 2 2 3 2 3 2 4 1 2 2 3 2 3 2 3 2 4 1 2 2 3 2 3 2 3 2 4 1 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3	TURE) L. La
15M 9/55	1	D.D. J. W. J. C. W. D. C. C. J. C. J	12/2/2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. L.

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ADDRESS

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VS. ATSME

23. FUNERAL DIRECTOR'S SIGNATURE

Paul A. Heemann

24o, REC'D, BY REGISTRAR 24b. REGISTRAR S SIGNATURE Harford Rd

Rea. Dist. No.

e S.R. SIDENCE ON A FARM? YES NO

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Min.

IF JNDER LYEAR IF UNDER 24 HRS

Hours

INTERVAL SETWENTE

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PERFORMED? NOF

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12. CITIZEN OF WHAT COUNTRY?

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(County)

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death.	uld be f			b. CITY OR TOWN RURAL and give Sykesvi			ngth of stay in 16 menths	c. CITY	Baltis	outside corporate ROI'S	limits, write RU:	RAL and give ne	arest town)
ors offer	d 2 shoi	15		OR INSTITUTION	ITAL (If not in hospital, of ingfield State)		·	11	ET ADDRESS Federa	al st.Ba	ltimore	5	• IS RESIDENCE ON A FARM? YES NO TO
n 24 ho	0 1 S		3.	NAME OF DECEASED (Type or print)	Ell	R.	Virginia	3	ones.	4. DATE OF DEATH	July	r 21	19 57
d within	rs. Pag		5.	remale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED []	B. DATE OF	1987			F UNDER 1 YEAR Months Doys	Hours Min.
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certi	19 PH 72 1x	0	[A	nice or unknown!	(If yes, give war or dates of s	eco-ce}		ospital	Record	ds. S	ykesvill	le Maryl	and.
the death	he attendi hen pleas ent within				EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Hypert	(o). (b). and (c).) ensive art	erioscl	lerotic	heart d	isease	ON	ERVAL BETWEEN SET AND DEATH
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PHYSIC of or off	his certi use as ematian		MEDICAL	20c. TIME OF INJU Hour o m	10	While	OCCURRED 20e.	LACE OF INJU octory, street,	JRY (Hame, fors office bldg., et	m, 20f, (City or	town)	(County)	(Stote)
SPING Paspit	thed for		l	21. I certify	that I attended the	deceased fr		h accurred		7-21-			aw the deceased
d by the	be detoc	,	ı	ACTUAL SIGNATURE	gustin	lel	campi	_	•	ADDRESS (Street	, city or town, st	ote)	7-21-57
0 1	buld or p	- 1	L	PHYSICIAN'S NAME (Type)	Agustin del	Cargo	M.D.	5	ykesvi.	lle,Mary	land		4 B val 45 7 7 35 22
105°	page 3		22	PEMOVAL (Specif) 22c.	NAME OF CEMETERY	OR CREMATO	RY	22d LOCATION	V (City, town, or	county)	(Stole)
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OR INSTITUTION	al (if not in hospitol. on State				d. STREET A		x 95	Stews	art L		ON A	ARM?
3. NAME OF DECEASED (Type or print)	Fran		Middle		Jones	_	4. DATE OF DEATH	Jı	Month	Doy 27		57
5. SEX Male	6. COLOR OR RACE Negro	7. MARR	D DIVORCE		8. DATE OF SIRTH		1927	9. AGE (In y lost bight	ears IF UN by) Mont	IDER 1 YEAR	Hours	24 HRS. Min.
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	Frank Jor					earl	???					
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4)

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e se	\$11.		7336 CERTIFICATE OF DEATH Reg. Dist. No.	74
director	8.3 p. 11.		PLACE OF DEATH O. COUNTY C. ARROLL MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admit on STATE MARYLAND b. COUNTY	esion)
funerol wid be f			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SYKESVILLE C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 12	7
the other	1	g-ma	5 PRINGPILLU SIAIR GOGCLEARSIAINE 119, YES	SIDENCE A FARM?
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tion and complete corporation papers.	F	V	USUAL OCCUPATION (Give kind of work done dorn done dorng most of working life, even if retired) CARPENTER (USUAL OCCUPATION (Give kind of work done dorn done dorn dorn dorn dorn dorn dorn dorn dorn	T COUNTRY?
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		٩	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (1) yes, give vor or dotes of samoe) 1917-1919 218-14-8630 Liebma Lewin (Wife) - CLE	_
attending n pleose r t within 72			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) A light cause (c)	ETWEEN D DEATH
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hospite After the hed for riol, cre			21. I certify that I attended the deceased from 2 / 18. 1957, to 2 / 1957, that I last saw the alive on 4 / 1957, and that death occurred at 7 / PM, from the causes and on the date state	
i by the ECTOR:			ADDRESS (Street, city or lown, stote)	ATE SIGNED
how by	•	1	NAME (Type)	
FUNER age 3 s			D. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	'/
P 6 0 0 5 VS A15 (4)			FUNGRAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE DATE 113/37 DATE 113/37	M
15M 9/55		ı	Julie 1/1 / C. Starry 1	Merz

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	(337 CE				Reg. Dist. No. 74				
	1	MARYLAND 2. USUAL R	ESIDENCE (Where decease Mary Land	d lived. If institution b. COUNTY	n: Residence before admission)				
b CITY OR TOWN (If outside corporate Syptimes of the corporate of the corp	c. LENGTH O	942 Ea	R TOWN (If outside corpo Limore	17	RAL and give nearest town)				
					e. IS RESIDENCE ON A FARM? YES NO				
NAME OF DECEASED (Type or print) John	First		Lost 4. DATE OF DEATH	Month July	28 Peor 1957				
SEX 6. COLOR OR R	1				IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min				
ou usual occupation (Give kind of during most of working life, even if re	work done 10b. KIND OF BUSII			ountry) Md.	12. CITIZEN OF WHAT COUNTRY U.S. A.				
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lying cause last.	(c)CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEAS	SE CONDITION GIVE	N IN PART I(a) 19 WAS AUTOPSY				
Psychosis with	syphilitic men	ingo encephal:	LT18		PERFORMED? YES NO				
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PHYSICIAN'S EDMUN	LUSTHA	درے ا	Sykesville M	ſd					
Purial 7/	4-4- 1		22d. LOCA		ore, Md.				
FUNERAL DIRECTOR'S MIGNATURE	ADDRESS.		240. REC'D BY REGIS	TRAR 246 REGIST					
	b CITY OR TOWN (If outside corporate Symposocial Tribus) d. NAME OF HOSPITAL (If not in hosping or institution Springfield St. 3. NAME OF HOSPITAL (If not in hosping or institution Springfield St. 3. NAME OF DECEASED (Type or print) 5 SEX 6. COLOR OR R. White 10a USUAL OCCUPATION (Give kind of a during most of working life, even if re. R. R. Watchman 13. FATHER'S NAME Betnard Mudd 15. WAS DECEASED EVER IN U. S. ARMED (Yes, no. or unknown) (If yes, give war or dar limited of the course (a), stating the underlying over rise to immediate cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT PSYCHOGIS WITT 20a. ACCIDENT WAS UNDERRYING OR CONTRIBUTING CAUSE OF DE (If EITHER, NOTIFY MEDICAL EXAMIN Hour a. m. p. m. 21. I certify that I attended alive on Contributing Cause (a) and course (b) and cause (c) and course (c) and	I. PLACE OF DEATH a. COUNTY Carroll b CITY OR TOWN (If outside corporate limits, write SUPLEMENTATION d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Springfield State Hospital 3. NAME OF DECEASED (Type or print) John S SEX 6. COLOR OR RACE WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIL during most of working life, even if retired) 13. FATHER'S NAME Bernard Mudd 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no or whinown) 16. CAUSE OF DEATH [Enter only one couse per line for (a), (b), a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONTRIBUTING CAUSE OF DEATH (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PSYCHOE'S WITH SYPPILITIES 20a. ACCIDENT WAS UNDERLYING 20a. ACCIDENT WAS UNDERLYING 20a. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 21. I certify that I attended the deceased from. alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) E-D MUND 22a. NAME OF PHYSICIAN'S REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF REMOVAL (Specify) 22c. NAME OF PREMOVAL (Specify) PSYCHOETS PSYCHOETS PHYSICIAN'S PHYSICIAN'S PHYSICIAN'S PHYSICIAN'S PHYSICIAN'S PHYSICIAN'S PHYSICIAN'S PART II. CERTIFICANT (DATE THEREOF PREMOVAL (Specify) PART II. CERTIFICANT (DATE THEREOF PREMOVAL (Specify) PART II. CERTIFICANT (DATE THEREOF PART II. CERTIFICANT (DATE THER	PLACE OF DEATH CATTOIL MARYLAND 2. USUAL COUNTY CATTOIL MARYLAND 2. USUAL COUNTY CATTOIL MARYLAND C. CITY OF TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OF NOTIFICATION C.	PACE OF DEATH	1. PLACE OF DEATH				

BUREAU V. L.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/SS

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BUREAU V. S.

(7339)filed with director 1. PLACE OF DEATH D COUNTY MARYLAND Carroll Marvland funeral b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þe RURAL and give nearest town) should Sykesville 17 yrs.3 days Baltimore d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS 406 Camden Street Springfield State Hospital 4. DATE NAME OF Middle Month DECEASED PEKYYUS DEATH Leonard July (Type or print) 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED 9. AGE (In years 5. SEX B DATE OF BIRTH lost birthday) 1869 Male White MIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) Li thuani a 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Unknown Unknown 17 INFORMANT 15 WAS DECEASED EYER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address Springfield Hospital Records No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Pulmonary tuberculosis **DUE TO** ģ Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. 306 X PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Psychosis with cerebral arteriosclerosis 0 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg, etc.) Hour o.m. Not while of work of work 1950, to July 28, 1957, that I last saw the deceased 21. I certify that I attended the deceased from July 1. ___, and that death accurred at 11:10PM, from the causes and an the date stated above. ACTUAL SIGNATURE Springfield State Hospital Walther H. Sonnenfeldt. M.D. PHYSICIAN'S Sykesville. Maryland NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d' LOCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07324-**CERTIFICATE OF DEATH** Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Balto_City

> . IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY? Lithuania

> INTERVAL BETWEEN ONSET AND DEATH

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C director		1. 6	LACE OF DEATH	arroll		MARYLA	ND	2 USUAL RESIDENCE OF STATE	E (Where decease aryland	d lived. If institution b. COUNTY		efore odmis	*
funeral uld be f		ì	CITY OR TOWN (I	foutside carporate limi corest lawn) (8	s, write	LENGTH OF STAY IN 3 MOS 3 de	16 1 7 5	c. CITY OR TOWN	•	rote limits, write RU	JRAL and give	nearest law	n) V
the 12 should	15		NAME OF HOSPIT OR INSTITUTION Springfie	AL (If not in hospital, g	ive street o	oddress)		d. STREET ADDRE		Ave.,Bal	to-29	e. IS RES	SIDENCE A FARM? NO 😿
2 5	,	3. (IAME OF	Fir		Middle		Lost	4. DATE	Mant		Doy	Year
ithin 24 ely fillied Pages 1			Type or print)		rles	Wesle		PRICE,	Sr. DEATH	July			19 57
Field Fig.		5. 5	Male	6. COLOR OR RACE White	7. MARRI WIDOWE	D DIVORCED		December	20,1883	9. AGE (In years lost birthday) 73 yrs.	Months Do		Min
executed and complete in papers.	_/	100	during most of work	ing life, even if retired	lane 19b.	KIND OF BUSINESS OR	NDUST		(State or foreign o	ountry)		S.A.	COUNTRY?
ian and carbon after de	1	13	Carpente	r				14 MOTHER'S MAI			0,	,D , R ,	
I after	- -		Joseph P	rri ce					e Price				
physician mave car houry afti	<u>ر</u>	15.		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. INF	ORMANT	0 11100	Addr	ess		
ng p	0	Yer	No or unknown)	(If yes, give wor or dates of s	errica)	_	Spr	ingfield	State Ho	spital Re	cords.		
eath ease thin			18. CAUSE OF DEA	TH (Enter only one co	use per lin	ne for (o), (b), and (c)]					l i	NTERVAL BE	ETWEEN
do et			PART I. DEA	TH WAS CAUSED BY	H	pertension						Year	S
# ## 5 420.0 DUE TO													
a the			Conditions, if a		Aı	rteriosclero	tic	heart dis	3 ease			Year	3
o. signer it per			gove rise to it couse (o), stating lying cause lost.			eneralized a	rte	rioscleros	sis			Year	*
sicra sicra seen rans 1, ar		Z Ö	PART II. OTH			ONTRIBUTING TO DEATH				E CONDITION GIVE	EN IN PART 1(c	1 19 WAS	
phy phy ias b ial-t	0	CATI	C.B.S.ass	oc.with cer	rebra	l arteriosc	lero	sis with	psychot	ic reacti	on.		NO St
AN: Ta		CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OCC	URRED.	(Enter nature of inju	ery in Part I or Por	t II of ilem 1B)			
Sic et iii et ii		CAL	20c. TIME OF INJUR	Y Month, Day, Yes			e PLAC	E OF INJURY (Home	, form, 20f. (City	ar town)	(Cour	nty)	(State)
his of the control of		MEDICAL	Hour am. p.m.	19	While of work	Not while	rocio	ory, street, office bldg	g , erc.)				
Spite Fer t			21. I certify th	at I attended the	decease	ed from April	1.9	, 19 57 , to	July 22	157	,that I last	saw the	deceased
Checker			alive on Jul		., 195			occurred at 10					
TTE y th TOP deto to b				-		a. 1.	Sn	21)		lreel, city or town, :	'	D	ATE SIGNED
igi be	- /		ACTUAL SIGNATURE	Hidlen	au	chmpi	M	D. Spring	field St.	ate Hospi	tal	7	/22/57
Shbuld stror p			PHYSICIAN'S NAME (Type)	Agustin de	Camp	o. M.D.		Sykesy	ille, Ma	ryland.			
may be page 3 the regis		220	BURIAL, CREMATIO REMOVAL (Specify)	7/24/57	F	22: NAME OF CEMETE Loudon		CREMATORY	22d LOCA	TION (City, town o	r county)	(Stol	le)
5 5 ° ≈		23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		240	REC'D BY REGIS		TRANS SIGNA	TURE	61
VS A15 (4) 15M 9/55	€	11	Cully Fur	ioral Homes	- I3	O E. Fort A	ve.	DE	111 21	1077	Har	rus Th	Helm
	,							- 4	O-E-14-A-	144		1	73

BOSEVO A. E.

70, DV 1821

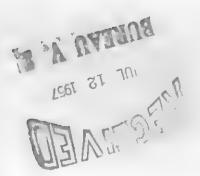
BECEINEU

FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	eg. Dist. No. 8
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institut on	Residence before admission)
\$ 00 E	a. COUNTY CARROLL MARYLAND & COUNTY	CARROLL
5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b. CITY OR TOWN (if outside corpora elimits, while EURA C. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, while RUR.	AL and give nearest town)
音点 景を 門	UNION BRIDGE 2 YAS. UNION BRIDGE X	
d y cess	d NAME OF HOSP TALL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e IS RESIDENCE
0000	DOW, BROAD WAY	ON A FARM?
5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	3. NAME OF First Middle Last 4 DATE Month	Day Year
delo dec dec	DECEASED	8 1957
Pre Pre	WILLOW HANDRONGOOM SURSEMBENAS	INDER TYEAR THE UNDER 24 HRS
The state of the s	los britindoy) Mo	oths Doys Hours M.n.
100 mg	MALE WHITE WIDOWED DIVORCED DEC 3/ 880 76 yr	2. CITIZEN OF WHAT COUNTRY
ded 2, o 2, o 3, o 3, o 72	during most of working life, even if retired)	
5-4-5	FARMER PAIRY FARMING VIRGINIA	U. S. A
Ma. Sol	13. FATHER'S NAME	
Dog a de	CRUCHETT KUESEN 3: 3.94 NANCY DUNCAN	
E Silve	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address [Yes, no. or unknown] 1 [If yes, give was or dotter of service)	1
E E E	NO NONE Sussel V. Queschburg	mused, Md
Hiw Day	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL METWEEN ONSET AND DEA H
an per constant	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF CONRT & OCCLUSION	nin
Tal.	10 / DUE TO 0	
Ping in the second seco	Conditions, if only, which) the CARRAGE SALES DEIS	of the
P P P P	gave rise to immediate course DUE TO	- + + -
and a same	(a), stating the underlying (c).	
as de maria	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN H	N PART I(a) 19, WAS AUTOPSY
Sed Engle		PERFORMED?
A Secondary	20a. EXTERNAL CAUSE WAS 20b. DESCR BE HOW INJURY OCCURRED. (Enter nature of injury in Part It or Fort It of item 18.) FRIMARY ar CONTRIBUTING CAUSE OF DEATH.	
M A P C C C C C C C C C C C C C C C C C C	20a. EXTERNAL CAUSE WAS RIMARY OF DESCR BE HOW INJURY OCCURRED. (Enter nature of injury in Part It of item 18.) RIMARY OF DEATH.	
This Day		(Caunty) (State)
5 50 5	Hour o. m. White Not white fectory, street, effice bidg., etc.)	(200))
The The Track		1 100
Pa Pa		nquiry XI, and in my
A Code	opinion death resulted from: Notyral couses 🗭, Accident 🗀, Suicide 🗀, Homicide 🗀, Undetermin	ned monner 🔲
Fical Andread	1 7/1 A)	DATE SIGNED
erfi for year	SIGNATURE BULLES , / OT M.D. CHIEF MEDICAL EXAMINER	1 4
A ign	ASSISTANT MEDICAL EXAMINER	1/8/00
The San Park	NAME PYPE) AMES I IN A ST DEPUTY MEDICAL EXAMINERS	10/4/
Though the state of the state o	220 BURIAL, CREMATION 776 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY /AC 22d. LOCATION (City, town, or co	ounty) (Stole)
Q 2 4 Q Q	BURIAL JULY 10, 1957 PIPE (REEN CENTENTARY) CABA	OLL CO. MD
HE AVENE	23 FUNERAL DIRECTOR'S S GHATURE ADDRESS ADDRESS 246. REGISTRAR 246. REGISTRAR	R'S SIGNATURE
5M 2/57	Harfell Jons, Mun Budgette DATE 7/9/57 Lesl	in Telas

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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rector.			1, P	LACE OF DEATH	C 13		MARY		2. USUAL RESIDENCE (W STATE Marv	here deceased	I lived. If institution b. COUNTY			
death. Pa uneral dire Id be filed			ŧ		Carroll (If outside corporate lim neorest town) lle		tength of stay 7 mose 28		e. CITY OR TOWN (IF	autside corpa			nearest to	Y
urs after du y the fun id 2 shauld	/	5	· ·	OR INSTITUTION	PITAL (If not in hospitol, ield State		_ `		d STREET ADDRESS 5507 Crai	ig Aver	nue		ON	ESIDENCE A FARM?
ithin 24 ho			(IAME OF ECEASED Type or print)	Ma		Mary		REES	4. DATE OF DEATH	July		Doy 10	Yeor 19 57
campletely filled papers. Pages 1		ra _{te}	5. 5	Female	White	WIDOWED	DIVORCE	٥	Sept. 2, 187		lost birthdoy) OL yrs.	Months Do	ys Hour	
e be execution and can carbon pap	1	[/)		Physician Albert Street Physician Alberts NAME	orking life, even if retired	1) 7/4	Edocine		Rhode Is	sland			U.S.A	
rifficate b physician mave car	nours of it		15.	Charles	Rees:	RCES? 16 SC	OCIAL SECURITY NO	17. IN	Elsa Holi	t	Addr	615	1000 to	
death cerl lending p blease ren	2 / UIUL	. }		NO 18. CAUSE OF D	EATH [Enter only one of]	ringfield Ho				INTERVAL ONSET AN	BETWEEN ND DEATH
of the off The off Then p	event w			451X	EATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO	0] 1044	ture of a	orta	due to arte	riosel	erosis		ONSET AN Day	3
requires than on. I signed by sit permit.	אַם דו מחץ מים דו מחץ		ICATION	Conditions, if gave rise to cause (a), statin- lying couse last	immediate DUE To	c)								
The law g physici has been priat-tran	maval, o)		C.B.S.as	soc.with ce	rebral	arterios	cler	NOT RELATED TO THE TERM Sis, Without	diraTT:	ying phr	EN IN PART 1	PEK	FORMED?
attending artificate as the bu	an, ar re		CAL CERTI	OR CONTRIBUTION	WAS UNDERLYING " NG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Doy, Y		URY OCCURRED	20e. PLA	CE OF INJURY (Home, for	m, 20f. [City	or town)	(Co	unity)	(State)
IG PHY:	Creman		MEDI	Hour o.m	19		Not while of work of the Nove		11,1056 to J1	uly 10	10 57	that I la	st saw th	ne decease
TTENDIN the has TOR: Afti Jetached	o burial,			alive an <u>J</u> 및		1957	and that	death	accurred at 3:20	AM, fran		ind an the	date sta	
ned by JRECT	ar prior	1		SIGNATURE PHYSICIAN'S	Walther H.	11. 101 Sonne	MMH	(1) \ [.D.	Springf: Sykesvi		tate Hosp	ital		7/10/5
HOSPITA OOY DE FUNER OGE 3 SH	e registro		220	BURIAL, CREMAT REMOVAL (Specific	ION, 226. DATE THERE		22c. NAME OF CEN				TION (City Jown,		g is	ilote)
Q E Q 0.3	Ē	-1	23	FUNERAL DIRECTO	DR'S SIGNATURE	right	ADDRESS SURVEY	will	24a. REC	TO BY REGIST		STRAR'S SIGN	ATURE	Jew
12W A153	1	1	=				7	11/1/4					7	



MARYLAND	STATE DEPARTM	IENT OF HEALTH	I—BALTIMORE, 18	07329
(104)	CERTIFICA	ATE OF DEATH	l R	teg. Dist. No.
o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (WASTATE Lary Land	ere deceased lived. If institution: b. COUNTY	Residence before admission) Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Westminster	c. LENGTH OF STAY IN 16	Rural, West	utside corporate limits, write RUR. minster, Lyers	AL and give nearest town) District
d NAME OF HOSPITAL (If not in hospital, give street of Institution R-3, Livers Dis	oddress) strict	d. STREET ADDRESS Westminster	, Md. R.D.3	e. IS RESIDENCE ON A FARM? YES 🛂 NO 🗍
NAME OF First OECEASED (Type or print) Virginia	Middle	Se ll	4. DATE Month OF DEATH July 22,	1957 Year
5. SEX 6. COLOR OR RACE 7. MARR Female White WIDOWE	The Contract of the Contract o	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS. Aonths Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK, HOUSEWITE	kind of Business or indu	STRY 11. BIRTHPLACE (Slote of Carroll Co		12. CITIZEN OF WHAT COUNTRYS
Joseph Lippy		14. MOTHER'S MAIDEN N Unknown	AME	
(Yes no, or unknown) (If yes, pive wor or doles of service)		Serenus Sell,	R. D. 3, Westmi	
Conditions, if any, which gove rise to immediate costs (a), storing the under: Volume	Praheter	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	PERFORMED?_
20g. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort t or Port II of item 18.)	YES NO
20c. TIME OF INJURY Month, Day, Year 20d. IN White p. m. 19 of work	Not white for	ACE OF INJURY [Home, form, clory, street, office bldg., etc.]	20f. (City or town)	(County) (Stole)
21. I certify that I attended the decease alive on Stale 18 , 195 ACTUAL SIGNATURE W. H. F. A. A. F. A. A. F. A. A. A. A. F. A.	ed from Oct	n occurred at 2 M	//	hat I last saw the deceased on the date stated above IP) DATE 91GNEG 17 A A
200 BURIAL, CREMATION, 226 DATE THEREOF REMOVAL [Specify] 7/25/57	22c NAME OF CEMETERY O		22d. LOCATION (City, fown, or c Nr. Westminster	
S SUNERAL DIRECTOR'S SIGNATURE	ADORESS ittlestown, Pa	24a. REC'C		AR'S SIGNATURE

A .V UAFAUV

TECET VEIL

BUREAU Y. S.

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VS A1S (4) 15M 9/\$5

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
07309	CERTIFICATE	OF	DEATH	

07332

					Reg. Dist. No.
1. PLACE OF DEATH g. COUNTY	Carroll	MARYLAND	2. USUAL RESIDENCE (WI	ere deceased lived. If institution B.Nd b. COUNTY	Residence before admission) Carroll
b. CITY OR TOWN (RURAL and give in	If outside corporate limits, veorest town)			outside corparate limits, write RU	RAL and give nearest town)
Westmi	nster	15 years			
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 170 E. Green		· ·	d. STREET ADDRESS	. Green St.	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	George	Morgan	Simpson	4. DATE Month OF July	Day Year 4 1957
5. SEX Male	White w	MARRIED NEVER MARRIED	8. DATE OF BIRTH Jan. 18,1	886 (ast philipday) yrs.	FUNDER I YEAR IF UNDER 24 HRS. Months Doys Hours Min.
during most of wor Salesm	king life, even if refired)	Paper Dist.		or foreign country) re, Maryland	U.S. A
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
Fra	Francis Marion Simpson Mary McTaggart				
	R IN U. S. ARMED FORCES (N yes, give wor or dates of service and and and and day		informant Irs. Anna Bo	yd Simpson We	
Conditions, if a gave rise to i cosse (a), stating lying couse last.	the under- DuE TO (c)	Thronie 1	Acherabel	asoses	5 yours
\$ 450.0		ONS CONTRIBUTING TO DEATH BU			N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port II of item 18.]	
20c. TIME OF INJUR Hour a. m. p. m.		20d. INJURY OCCURRED 20e. For the control of work of the control of work of the control of the c	LACE OF INJURY (Home, farm actory, street, office bldg., etc), 20f. (City or town)	(County) (State)
21. I certify the alive an	not lattended the de				that I last saw the deceased at an the date stated abave
ACTUAL SIGNATURE	ph u	Then Bays	м.о. 1090	tremeter l	confeed /5/5
		Bare, M. D.		ain St. Westr	
22g. BUR AL, CREMATIC REMOVAL (Specify) BULL 181	7.47.457	Zc. NAME OF CEMETERY (Krider's		22d. LOCATION (City, town, or nr Westminst	
23. FUNERAL DIRECTOR		ADDRES\$			RAR'S SIGNATURE
John R.	Byers West	tminster, Mary	land DATE 2	8.57 40	inite Butti

BULEAU V. S.

DECENTED SECTION OF THE PROPERTY OF THE PROPER

07333

7345	CERTIFICATE OF	DEA

		<u> </u>	5		CERTI	FIC/	ATE	OF DEAT	Н			Reg. D	ist. No.	11	4		
Ī	. PLACE OF DEATH	roll			MARY	LAND		USUAL RESIDENCE (Vo. STATE			lived. If institute b. COUNTY				ion)		
-	b. CITY OR TOWN (IF	b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b							Maryland b. COUNTY Washington c CITY OR TOWN [If outside corporate limits, write RURAL and give negrest town)								
	RURAL ond give nearest town) Sykesville 32yrs.8mos.17							days Hagerstown									
H	d. NAME OF HOSPITA		ive street				11	d STREET ADDRESS	C I	3 50 44.	· · · · · · · · · · · · · · · · · · ·	M. spage		. IS RES	IDENCE		
		ld State I	losoj	tal.										YES [FARM?		
ŀ). NAME OF DECEASED	Fri	st		Middle			Lost	- 4	OF DEATH	Mon		Do		Yeor		
	(Type or print)		lter				-	krypek			Ju ly		9		19 57		
ľ	5 \$EX	6. COLOR OR RACE	ł.	_				ATE OF BIRTH		_ 1	9. AGE (In years lost birthday)	Months	R I YEAR	Hours	R 24 HRS Min.		
	Male	White	WIDOW		DIVORCE			December 2	و ر	1891	63 yrs	<u> </u>					
ľ	00. USUAL OCCUPATION during most of work;	ng life, even if retired	done 10b)	KIND C	F BUSINESS O	RINDU	STRY			foreign es	iuniry)	12. C			COUNTRYS		
1	Machini	JZ.		_	UMI	<u></u>		Austria					Aus	trla			
Æ	3 FATHER'S NAME						14	. MOTHER'S MAIDEN									
L	John Sk	- L						Rosa Bu	ou	та							
	5. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL	SECURITY NO			mant ringfield	Hα	snita	bbA hroner f						
ŀ		ti (Satar ani), nan ar			3 (b)d (c)		-P	. Lasga zona		DDIO	1 10001		LINITE	RVAL BE	TWEEN		
Н	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage									ONS	ONSET AND DEATH						
221/												da:	ys				
l	Conditions, if ony, which) Assembly Hamentonesian									1 3	Years						
П	gove rise to immediate												-00.				
	lying couse lost. DUE TO (c)																
	PART II. OTHI	ER SIGNIFICANT CON		CONTRI	BUTING TO DE	TH BUT	NOT	RELATED TO THE TER	MIN	AL DISEASI	CONDITION GIV	EN IN PA	RT 1(o) 1	, WAS	AUTOPSY		
	Schizophi	renia reac	tion,	, pai	canoid d	type		300 3	3				PERFORMED?				
	PART II. OTHI Schizophi 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DE	SCRIBE H	O YAULNI WO	CCURRE	D. (En	iter noture of injury i	n Po	rl t or Port	II of item 18)						
		MEDICAL EXAMINER															
	20c. TIME OF INJURY	Month, Day, Ye			OCCURRED	20e PL	ACE C	OF INJURY (Home, for street, office bldg., e	erm,	20f. (City	or town)		(County)		(Stole)		
	p. m.	19	While of we	rk 🔲 öl	ot while work			and and and and and									
	21. I certify the	of I offended the	deceo	sed fro	m July]		, 19 50, to J	ul	у 9.	19.57	thot I	lost so	w the	deceosed		
ı	alive on Jul							curred at 11:									
	10.1	01101	20	1.			11	1 /	A	DORESS (SI	reel, city or town,	stote)			ATE SIGNED		
ı	ACTUAL SIGNATURE	alaner o	11 -1	64/	nu	M	16	/Springfi	el	d Sta	ate Hospi	tal		-7/	9/57		
	PHYSICIAN'S T	7 7 1 7 17			7.71 35	1		7									
L	NAME (Type)	Valther H.	5 om	neni	elat, M	• P •		Sykesvil									
1	220 BURIAL CREMATION	226. DATE THEREC)F	, 22c. t	NAME OF CEMI	ETERY C	CM	HAYORY	2	2d LOCA	TON (City, town,	or county)	11	(Stot	7		
-	Burky	1-11	7/	6	Toller	He	44		,	ear	moun	u	1	LA			
1	THE THE PARTY OF STATE OF STAT	SIGNATURE STATE	19	- 2	Territ	2000	//,	757	(7)	BY REGIST	RAR 24b. REGI	STRAR'S S	IGNATUR Les	Zele	w		
1	prince o	1.0100		_,	- Jus		~	DATE	1	10-	10.0	7	1				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be the haspital ar attending physician.

TO FUNE: POINTECTOR: After this certificate has been signed by the attending physician and completely filled by the fuperal director. page 3 should be detached for use as the burial-transit permit. Then please remane carbon pagers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remanal, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55

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VS A15 (4) ISM 9/S5

		MARYI	.AND	STATE DEP	ARTM	ENT OF HEALTH	I-BAL	TIMORE, I	8	-0"	7334		
		(7346	3	CERT	IFICA	ATE OF DEATH	ſ		Reg. Dis	t. No.	74		
	PLACE OF DEATH	Carroll		MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a STATE Maryland b. COUNTY Balto.City							
	RURAL and give no		is, write	c. LENGTH OF STA		c. CITY OR TOWN (IF o	give nearest lown) 🐰 🐰						
/-	Sykesvill	AL (If not in hospital, g	in starst	1 mo. 6	days	Baltimos d street ADDRESS	re			7	IS RESIDENCE		
-	OR INSTITUTION	eld State H				1708 Old You	ck Roa	d, Zone	12.		ON A FARM? YES NO		
1	NAME OF First Middle Lost 4. DATE Manth OF									Day	Year		
	(Type or print)		1bert			SMITH	DEATH	O LLL	T	31,	1957		
1	S. SEX	6. COLOR OR RACE				8 DATE OF BIRTH	00/	9 AGE (In years lost birthdoy)			Hours Min.		
J.	Male		WIDOWE	****		August 29,		80 yrs.	10 000				
X	dyring most of worl	DN (Give kind at wark o king life, even if retired)	Jane 10b.	TI 1 1	OR INDUS	TRY 11. BIRTHPLACE (Slote	or foreign c	country)			WHAT COUNTRY?		
/	Laborer 3. FATHER'S NAME			wine		Maryland 14. MOTHER'S MAIDEN N	IAAAE			U.S.	P. e		
		th				Unknown	TANKE.						
l	Mose Smith 1s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address												
	[Yes. no. or unknown]	(II yes, give wer or derected at a Guard	irvice)	220-09-48		Springfield	i Hoso	ital Reco	ords				
-		ATH [Enter only one co	use per lii		_ ,	opi angravi			<u> </u>	INTER	VAL BETWEEN		
	PART I. DEA		Hours										
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute coronary insufficiency 4.4.0./ Due to												
	Conditions, if ony, which) Arteriosclerotic heart disease												
	gove rise to immediate cause (a), stating the under-lying couse last. DUE TO Generalized artericsclerosis												
	lying couse last.		Years										
2	2 × X		-			NOT RELATED TO THE TERM			EN IN PART	1(0) [19	WAS AUTOPSY		
	C.B.S. assoc. with cerebral arteriosclerosis, with psychotic reaction. YES NO 200 ACCIDENT WAS UNDERLYING												
	200 ACCIDENT WA	AS UNDERLYING []							tion.		PERFORMED?		
	200 ACCIDENT WA								tion.				
- 1	200 ACCIDENT WAS OR CONTRIBUTING	AS UNDERLYING []	20b. DES	CRIBE HOW INJURY	OCCURRE	O (Enter noture of injury in	Port I ar Par						
- 1	200 ACCIDENT WAS	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESe or 20d. It While	CRIBE HOW INJURY	OCCURRE	O (Enter noture of injury in	Port I ar Par	rt II of ilam 18.)		Y	(ES 🗍 NO 🌅		
- 1	200 ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Haur a. m. p. m.	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER) LY Month, Doy, Yes	20b. DESc or 20d. It While of worl	CRIBE HOW INJURY NJURY OCCURRED Not while of work	20e. PU	O (Enler noture of injury in ACE OF INJURY (Home, form tary, street, affice bldg., etc.	Port I ar Par I, 20f. (Cit)	rt II of ilem 18.) y or town)	{C	ounty)	(Slote)		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		L		(734	18	C	ERTIFIC	ATE OF	DEATH	1		Reg. D	Dist. No.	94
il director, filed with	M)	1	PLACE OF DEATH	Carroll			MARYLAND	2. USUAL RI o STATE	Maryl:		d lived. If instituti b. COUNTY		nce before o	
P a			Sykesvil	(If outside corporate limit nearest lown)			OF STAY IN 16	c. CITY O	R TOWN (If o	utside corpo	prote limits, write R	URAL ond		
he fun shauld			~				.6 days	d. STREET	Baltin ADDRESS	nore	3 V	y 3		S RESIDENCE
27.70	15			ITAL (If not in hospitol, gill and State Ho	spita	1			3207	Indepe	endence S	t.		ON A FARM?
Poges 1 o			NAME OF DECEASED (Type or print)	Anni	e C	orril			LOR.	4. DATE OF DEATH	Mon Jul		23 ,	Yeor 19 57
-		5. (Female	6. COLOR OR RACE White	7 MARRIE		R MARRIED	Nov. 5			9. AGE (In years lost birthday) 86 yrs	Months		UNDER 24 HRS
id cample n papers. death.	7	10 ₀	USUAL OCCUPAT during most of wo OUSEWIFE	ION (Give kind of work of rking life, even if retired)	lone 10b. K	IND OF 8U	SINESS OR IND		PLACE (Stole		country)	12. C	U.S.A.	HAT COUNTRY?
an and carbon offer de		13.	FATHER'S NAME					14. MOTHE	R'S MAIDEN N	IAME			Capada	<u> </u>
physici mave hours		15.	James Hi	NTON ER IN U. S. ARMED FORC	CES? 16. SC	OCIAL SECU	JRITY NO 17.	INFORMANT	Margare	et Mad	idon	ress		
ng pl	A Ž	(Ye	No or unknown)	{If yes, give war or dates of se		-		Spri	ngfield	d Hosp	ital Rec			
ttend pleas				ATH [Enter only one cou ATH WAS CAUSED BY					_					AL BETWEEN
the a Then vent			420.1	IMMEDIATE CAUSE (o)	Bro	nchop	neumoni.	a, right	lung				<u>lı – </u>	5 days
d by any e			Conditions, if	any, which) (b)	01d	Myoc	ardial :	infarcti	on of	left 1	ventricle	wal	I Ye	ars
ian. In signer Insit per			gave rise to cause (o), stating lying cause lost	the under-	Cor	onary	arteri	oscleros	is				Ye	ars
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nding p cate ha	<i>5</i> €.	CERTIFIC	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	tic reaction AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		HIBE HOW !	NJURY OCCURR	ED. (Enter nature	s of injury in P	Port I or Par	t II of item 18)		YE	s 🖪 NO 📋
his certifi use as the		MEDICAL (20c. TIME OF INJU Hour g. m.		r 20d INJ While of work	URY OCCUI	ila f	LACE OF INJURY	f (Home, farm, fice bldg., etc.	, 20f (City	y or town)		(County)	(Stote)
ospite frer t ed for al, cre			21, 1 certify t	hat I attended the	deceased			, 195	7 to	7-2		_,that I	last saw	the deceased
the h			alive on	-23 	_, 1 <u>957</u>	, ar	nd that deat	h accurred o			n the causes o	ınd an I	the date s	tated abave.
DIRECT BIRECT Id be de	1		ACTUAL SIGNATURE	Mur Il. 10	MI.	xng	elith	M.D. ST			tate Hos		<u>'</u>	7-23-57
shay	,		PHYSICIAN'S NAME (Type)	Walter H.	Sonne	nfe/lo	Rt, M.D.	S	kesvil	1e, M	aryland			
moy be FUNE Page 3		220 L	BURIAL, CREMATION PEMOVAL (Specify	JULY 27	1957	LOZ LOZ	OF CEMETERY	POR CREMATORY		22d LOCA	TION (City, town, o	or county)	Λ	(State)
VS A15 (4)	13	23.	1. Mel	s SIGNATURE	ins	ADDRES	3 1/10/	Ave	24a. REC'I	2 MS	.7 1	Har's si	IGNATURE	Heor.
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

